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ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR
1951.

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The Mayor,
Aldermen and Councillors of
THE BOROUGH OF ALDEBURGH.

Mr. Mayor,
Ladies and Gentlemen,

I herewith submit my Annual Report for the year 1951. In this report I have endeavoured to convey as much information as possible about the state of hygiene of the town.

Changes affecting the population occur as a rule rather gradually and to see the trends of many one must examine them against the background of what has gone before and also what is happening in the rest of the country in general. It is for this reason that I have incorporated a certain amount of background into the report.

I would like to thank the Council and its officials for their continued co-operation and support during the year.

I am,

Your obedient Servant,

C. H. IMRIE.

Medical Officer of Health.

Town Hall,
Aldeburgh.

SUMMARY OF VITAL STATISTICS OVER 5 YEARS.

	1951	1950	1949	1948	1947
Population:	2,545	2,534	2,501	2,555	2,358
Birth Rate per 1,000 population:	15.7 (40)	11.4 (39)	12.3 (31)	19.17 (49)	18.2 (43)
Still Birth Rate per 1,000 population:	0.38 (1)	-	-	0.39 (1)	0.42 (1)
Death Rate per 1,000 population:	20.8 (53)	14.6 (37)	18.3 (46)	11.3 (29)	12.29 (29)
Infantile Death Rate per 1,000 births	50 (2)	-	32.2 (1)	40.8 (2)	23.2 (1)

Figures in brackets are the numbers of relevant births or deaths.

BIRTHS:	Male:	Female:	Total:
Legitimate	17	20	37
Illegitimate	2	1	3

STILL BIRTHS:	Male:	Female:	Total:
Legitimate:	1	-	1
Illegitimate:	-	-	-

ALL DEATHS:	Male:	Female:	Total:
	27	26	53

INFANTILE DEATHS:

	Male:	Female:	Total:
Legitimate:	1	1	2
Illegitimate:	-	-	-

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[illegible]	[illegible]	[illegible]
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DEATHS BY CAUSES:	1951:			1950:
	M.	F.	Total:	Total:
Tuberculosis - Respiratory	-	2	2	-
Malignant Neoplasm of Stomach	-	-	-	1
" " " Lung	-	-	-	1
" " " Breast	-	-	-	1
Other forms of malignant and lymphatic neoplasms	2	2	4	6
Vascular Lesions of Nervous System	1	5	6	2
Coronary Dis. Angina.	2	5	7	6
Other Heart Dis.	11	6	17	11
Other Circulatory Dis.	3	-	3	-
Influenza	1	2	3	-
Pneumonia	2	-	2	-
Bronchitis	-	-	-	1
Ulcer of Stomach & Duodenum	2	-	2	-
Gastritis, enteritis	1	-	1	-
Nephritis	-	1	1	1
Other diseases	2	1	3	5
Motor accidents	-	-	-	1
Other accidents	-	2	2	1
	27	26	53	37

COMMENT ON THE STATISTICS:

I have emphasised in past reports that the year to year variations in the Birth and Death Rates in a small population are out of proportion to the actual changes in that population. For this reason I have shown in the Summary of Statistics in brackets the actual number of Births and Deaths which occurred. These figures, in this particular case, should be a more accurate guide to the trends of population.

Population:

During the past 5 years there has been very little fluctuation in the population. Indeed, in the Census of 1931 the population of Aldeburgh came to exactly the same figure as the estimate for 1951. It would appear, therefore, that some form of temporary equilibrium has been attained.

Births:

The number of births in 1951 was 40. This, in the circumstances, may be regarded as a satisfactory level.

Still Births:

One still birth occurred during the year.

Deaths:

In 1951 there was a definite rise in the number of deaths when compared with the previous years. This rise was due largely to an increase in deaths from Heart and circulatory diseases which as a group increased from 19 in 1950 to 33 in 1951. The reason for this increase is difficult to explain and is in all probability an accentuation of a normal fluctuation.

The increase in heart and circulatory causes of death are to some extent offset by a fall in deaths from malignant causes which in 1951 totalled 4 against 9 in the previous year.

Among other causes of death one which is fairly constant is the group of accidents of various kinds. In many cases these involve people of younger age groups and are frequently preventable.

There were two deaths of children under 1-week old - one being due to prematurity and the other to pulmonary atelectasis or collapse of the lungs in a new born child.

NOTIFIABLE DISEASE.

The general trend of Infectious Disease in England and Wales during the past 50 years has been, broadly speaking and with certain exceptions, towards a decrease in most infections.

Not only has there been a decrease in the number of cases but there has been even more definitely a decrease in the severity and consequently in the Death Rate for many of the infections. The reasons for this decline in incidence and severity are complex. There is no doubt that far better standards of hygiene, greater familiarity with the laws of health, adequate food and clothing and more enlightened handling of the sick, play their part, but this is not the whole story. The history of the human race is to a great extent the history of a battle against disease with the advantage going now to one side and now to the other. War has slain its millions, but they are as nothing compared with those who have been wiped out by epidemics. We must remember that it was only as recently as 1918-19 that we had what was probably the greatest and most deadly epidemic of all time when Influenza swept over the whole world leaving over twenty million dead in its trail. It must also be remembered that in communicable disease we are dealing with a race of living organisms which may be undergoing evolution at a much more rapid rate than we are, so that the possibility of fluctuations in attacking power and virulence may be anticipated with consequent epidemics at intervals.

One of the diseases which has increased within the last few years is Poliomyelitis. This infection has been well recognized for over half a century but until recently was comparatively rare in the British Isles. In 1947 however, an upsurge of infection produced many cases throughout the whole country, but although the attack rate was increased many times, it did not exceed two or three per thousand population which scarcely amounts to an epidemic.

Another type of disease which is potentially full of menace is Smallpox which has been introduced into the country from time to time recently. There are two forms of this disease - one comparatively mild with a low Death Rate, and the other severe and taking a heavy toll of life. Most of the Smallpox in this country during the last half century has been mild in character with a Death Rate of only three or four per thousand cases, but from time to time we have had outbreaks, mainly imported, of the virulent type with a Death Rate of one or two of every five cases.

The speed of modern travel has vastly increased the chance of the introduction of the infection from abroad. It is possible to become infected in, say, India, and travel to England long before any sign of disease becomes manifest. This has been well illustrated by outbreaks of virulent Smallpox in Glasgow and Brighton recently due to importations. It is unfortunate that Smallpox is one of the most highly infectious of diseases so that any person bearing the infection is usually the originator of an outbreak, the spread being, of course, made easier by the low state of vaccination of the population as a whole. It will be remembered that the National Health Service Act, 1946, put an end to compulsory vaccination and abolished the post of Public Vaccinator after it had been law for nearly 100 years.

Vaccination, done in infancy and repeated at suitable intervals is still undoubtedly the surest protection against this disease.

During 1951 in Aldeburgh notifications of all Infectious Diseases totalled 25 compared with only 7 in the previous year. The increase was mainly due to a total of 11 cases of Measles spread over the first half of the year and to eight cases of Dysentry which also occurred during the same period.

In January Sonne Dysentry was introduced to a Children's Convalescent Home by a new admission who, although with few symptoms, proved infectious. As soon as the infection was recognised all necessary precautions were taken including holding up admissions and discharges. There were seven cases out of a total of over 20 children in the Home. Recovery was uneventful and normal admissions and discharges were soon resumed. Outbreaks of Dysentry in closed communities are not very rare events and often involve a high proportion of the inmates of the community. In this instance no secondary cases occurred.

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NOTIFIABLE DISEASE

MONTHLY INCIDENCE

	Jan:	Feb:	Mar:	Apl:	May:	June:	Jly:	Aug:	Sep:	Oct:	Nov:	Dec:	Total: 1951.	1950.	1949.	1948.
Scarlet Fever:	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1
Measles:	1	-	5	1	-	4	-	-	-	-	-	-	11	5	8	10
Whooping Cough:	-	2	-	-	-	-	-	-	-	-	-	-	2	-	11	1
Jaundice:	-	-	-	-	-	-	-	-	-	-	-	-	-	1	6	1
Dysentry:	7	-	-	1	-	-	-	-	-	-	-	-	8	1	1	-
Food Poisoning:	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-
Pneumonia:	1	-	-	-	1	-	-	-	-	-	-	-	2	-	-	-
Poliomyelitis:	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-
												TOTALS	-25	7	29	13

NOTIFIABLE DISEASE BY AGE:

	Under 1:	1-2:	3-4:	5-9:	10-14:	15-19:	20-24:	25-29:	30-34:	35-39:	40-44:	45-49:	Over 50:
Scarlet Fever:	-	-	-	1	-	-	-	-	-	-	-	-	-
Measles:	-	-	-	-	-	-	-	-	-	-	-	-	-
Whoop.Cough:	-	1	1	-	-	-	-	-	-	-	-	-	-
Dysentry:			2	3	3	-	-	-	-	-	-	-	-
Poliomyelitis:	-	-	-	1	-	-	-	-	-	-	-	-	-
Pneumonia:	-	-	-	-	-	-	-	-	-	-	-	-	2

TUBERCULOSIS:

	Male: Pulmonary.	Male: Non Pulmonary.	Female: Pulmonary.	Female: Non Pulmonary.	Total:
a). Number of cases on Register at 1.1.51.	2	3	7	1	13
b). Number of cases notified under the Regulations for the first time	-	-	2	-	2
c). Number of cases restored to Register after being removed	-	-	-	-	-
d). Number of cases added to Register otherwise than by notification	2	-	-	-	2
e). Number of cases removed from Register during year	1	-	2	-	3
f). Number of cases remaining on the register at 31.12.51.	3	3	7	1	14

Reasons for Removal from Register:

Removal from District 1
Died 2

Particulars of New Notifications:

Location of Disease:	Age:	Sex:	Occupation:
Lungs.	69	Female	Housewife.
"	30	Female	Housewife.

IMMUNISATION:

	1951:	1950.	1949.
Percentage of pre-school children immunised -	50.2	77.9	70.2
Percentage of all children immunised -	70.3	72.2	88.3

The above figures exemplify a tendency which is present throughout the County as a whole. For the past two or three years there has been a general tendency towards a fall in the number of acceptances of immunisation. The reasons for this fall are in the first place a certain amount of complacency due to the absence of diptheria, and in the second place, a fear that immunisation might induce poliomyelitis.

The fact that there is little or no diptheria does not mean that the infection cannot awake once more. Should the state of immunity of the child population fall much further there is every chance that diptheria will once more arise.

With regard to the suggestion that there may be some relationship between immunisation and poliomyelitis the position is as follows: If a person who has become infected with poliomyelitis during the incubation period sustains any small damage or strain to any part of the body there is a tendency for the poliomyelitis to pick out that part of the body and cause paralysis. Immunisation, involving as it does puncture by a needle, causes such a small injury, and may in this way influence the onset of paralysis, but only where the disease is present. It must be emphasized, however, that there is no evidence that immunisation causes poliomyelitis.

PUBLIC CLEANSING.

1. REFUSE:

The arrangements for the collection and disposal of refuse during the year were substantially the same as in previous years. The collection of paper and cardboard for salvage was resumed during the year with satisfactory results.

2. RODENT CONTROL.

The staff during 1951 continued its war against rodent pests and made, during the year, 403 visits to infested premises.

3. SEWAGE DISPOSAL:

The sewerage and sewage disposal system worked satisfactorily during the year. New sewerage extensions totalled 820 feet of 6" and 9" glazed stoneware. This was laid mainly on the new housing sites.

WATER.

During the year the water supply was adequate for the needs of the town and maintained a satisfactory standard of purity.

The Water is derived from crag wells and is fairly hard and contains iron in solution. There has never been any suggestion of plumbosolvency and the taste is not unattractive.

During the year a total of 48 million gallons was consumed.

Mains extensions totalled 650 feet during 1951.

A representative Chemical Analysis dated 27/2/51 is as follows:-

Ammoniacal Nitrogen	Nil.	
Albuminoid Nitrogen	.01	parts per million.
Nitrate Nitrogen	8.4	do.
Nitrite nitrogen	Nil.	
Chlorine as chlorides	74	do.
Oxygen absorbed	Nil.	
Hardness (Calcium carbonate)	312	do.
Temporary Hardness	198	do.
Permanent "	114	do.
Alkalinity as $CaCO_3$	205	do.
Free carbon dioxide	8.8	do.
Total solids (at 180°C.)	465	do.
Metals in Solution - Iron -	0.025	do.

Comment: Good organic quality and free from any sign of pollution.

Bacteriological Analysis dated 29/8/51:-

Plate Count. Yeastrel 2 days at 37°C. aerobically	5 per ml.
" " " agar 3 days at Room temp.	8 per ml.

B. Coli Absent in 100 ml.
(MacConkey 2 days, 37°C.)

HOUSING:

Statistics:

Number of inhabited houses	1077.
Average number of persons per house	2.3
Number of new houses completed by Corporation	11.
Number of Private houses and conversions	6.
Number on Waiting List for housing	52.

It will be seen from the foregoing that although the housing situation had improved considerably there was still at the end of the year a number of families in need of rehousing.

The Average of 2.3 persons per house does not suggest that there is any appreciable amount of overcrowding although there may be a tendency towards it during the holiday season.

An increasing number of tenants complain that rents particularly of Council Houses are imposing a financial strain on the family budget. This is a feature which is not, of course, confined to this district.

The Rent Restrictions Act is unfortunately indirectly causing many dwellings to suffer more delapidation than they would if rents could cover adequate maintenance.

Housing Acts:

Housing inspections totalled	53
Statutory Notices	Nil.
Informal Notices	12.

In all cases the defects were remedied.

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ACTION UNDER VARIOUS ACTS AND REGULATIONS:

1. FACTORIES ACT, 1937.

No. of factories employing power	14
" " " without power	5
Visits made during year	32
Defects	1
Outworkers	Nil.

2. HOUSING ACTS.

Housing inspections	53
Statutory	-
Informal Notices	12

3. FOOD AND DRUGS ACT, 1938.

Inspections	25

4. NATIONAL ASSISTANCE ACT, 1948.

No action was necessary under Section 47 of the above Act.

5. ICE CREAM REGULATIONS.

Number of retailers	9
" " manufacturers	1
Inspections	40

Sampling of Ice Cream was carried out with the following result:-

Number of samples	4
Grade 1	Nil.
" 2	2
" 3	1
" 4	1

In the cases of the unsatisfactory samples rechecks were made.

NEW LEGISLATION.

The Public Health (Leprosy) Regulations, 1951, came into force on 22nd June, 1951. These Regulations require a Medical Practitioner who is attending, or called to visit, a person suffering from Leprosy to notify the Chief Medical Officer of the Ministry of Health of the case by sending him a Certificate of Notification.

On the 1st August, 1951, the Puerperal Pyrexia Regulations, 1951, came into operation. These replace regulations which have been in force previously. They continue the effect of those Regulations making Puerperal Pyrexia a notifiable disease, with slight modifications including a revised definition of Puerperal Pyrexia which the administration of the replaced regulations has shown to be necessary.

The Rag Flock and Other Filling Materials Act, 1951, also came into operation on the 1st August, 1951.

RAINFALL 1951.

January	1.88
February	3.42
March	2.75
April	2.93
May	1.80
June	1.10
July	2.07
August	3.04
September	2.74
October	.60
November	3.17
December	1.70
	27.20